

PRIVACY ACT STATEMENT

UNDER AUTHORITY OF TITLE 5, USC 301, INFORMATION REGARDING YOUR MILITARY STATUS IS REQUESTED TO ASSIST IN PROCESSING YOUR REENLISTMENT/EXTENSION IN THE IRR. THIS INFORMATION WILL NOT BE DIVULGED WITHOUT WRITTEN AUTHORIZATION TO ANYONE OTHER THAN THOSE WITHIN DON FOR OFFICIAL USE IN DETERMINING ELIGIBILITY FOR RETENTION IN THE IRR.

IRR REENLISTMENT / EXTENSION REQUEST

Complete this worksheet and mail or fax to:

Commanding Officer
Naval Reserve Personnel Center (Code N52)
4400 Dauphine Street
New Orleans, LA 70149-7800 - Fax: (504) 678-6935

| | | |
|---|--------------|--------------|
| Name: (Last, First MI) | | Rate: |
| SSN: | | |
| Term of Reenlistment (Years): 2__ 3__ 4__ 5__ 6__ (Check one) Extension: _____ (Months) (Note: Extensions less than 24 months require justification) | | |
| E-mail address: | | |
| Address: | | |
| Phone Number: | Home: | |
| | Work: | |

| | |
|--|--------------|
| To the best of my knowledge and belief, my physical condition is substantially the same as when I was last physically examined by the Navy. | |
| Signature: | Date: |

NOTES:

1. You must be an E-3 or above on second term to Reenlist or Extend in the IRR.
2. You must have an Re-1 Reenlistment code to qualify for Reenlistment or Extension.
3. Attach a copy of your DD-214 to this request if available.
4. If this form was completed online, you must sign it and either mail or fax the request.
E-Mail is not authorized at this time.

If you have any questions you may contact an IRR Counselor at 1-800-535-2699.
NRPC 1040/1 (REV 11-99)